ISSUE FEE TRANSMITTAL

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INVENTOR'S NAME	the Patent, and advanced orders will be mailed to the addressee	
Street Address	by specifying the appropriate name and address in 1A below. 2A. The COMMISSIONER OF PATENTS AND TRADE-	
City, State and Zip Code	MARKS is requested to apply the Issue Fee to the application identified below.	
CO-INVENTOR'S NAME		
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SC/SERIAL NO. FILING DATE TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT DATE MAILED	
97/20/94 930 FHILLI	ps. n 123 12/09/85	
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Applicant I. •		
TITLE OF INVENTAGE TO TEMSIN-COVERTING ENZYME INHIBITO	RB	
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	28. For printing on the patent front page, list the names of not more 1 Anita W. Magatti	
Anita W. Magatti	or agents OR, alternatively, the Stephen I. Miller	
Schering-Plough Corporation 1 Giralda Farms, Madison, NJ 07940	name of a firm having as a member a registered attorney or agent.	
i Giraida Faims, nadison, no como	If no name is listed, no name will be printed. 3 Gerald S. Rosen	
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40142 03/04/86 635390 19-0365	040 142 540.00CH	
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3. ASSIGNMENT DATA (print or type)	4.	
A. (1) This application is NOT assigned.	The following fees are enclose: Structure Issue fee	
(2) XX Assignment previously submitted to the Patent and Trademark Office (3) Assignment submitted herewith.		
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assignee data will appear on the patent. Inclusion of assignee data below is only appropriate when an assignment has been previously submitted to the PTO or is submitted herewith. Completion of this form is NOT a substitute for filing of an assignment as required by 37 C.F.R. 1.334).	deposit acc. no. $19-0365$ (PTOL-85c or additional copy of PTOL-85b must be enclosed)	
(1) NAME OF ASSIGNEE:		
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